



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Des Moines Municipal Code Chapter 1.20

NAME _____ Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____
Home _____ Work _____

RECORDS REQUESTED:

TITLE OF RECORDS _____

DATE OF RECORD _____

(Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.)

I certify that the records or information obtained will not be used for any commercial purpose.

(Signature Required)

-----FOR DEPARTMENT USE ONLY-----

DEPARTMENT	DIVISION
PERSON RECEIVING REQUEST & DATE	

DEPARTMENT ACTION:

☐ Release Requested Record

☐ Referred to City Clerk/City Attorney may be exempt under code.

Total Charges: \$ _____